

STATE PLACING AGENCY APPLICATION

REQUEST FOR EDUCATION VOUCHER FUNDING

Submit to: Arizona Department of Education, Exceptional Child Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

The State Placing Agency is responsible for ensuring that this form is completed for a child who requires placement in a private residential facility for care, safety or treatment.

PLEASE PRINT:

NAME OF CHILD: _____ DOB: ____/____/____

Residential Facility: _____ Date of entry: ____/____/____

STATE PLACING AGENCY: _____

Contact Person: _____ Phone () _____

Signature of SPA Representative

Date

HOME SCHOOL DISTRICT: _____ Phone () _____

Child receiving Special Education Services ____Yes ____No If Yes, Disability: _____

Signature of Home School District Representative

Date

Home school district means the school district in which the person who has legal custody of the child resides. If the child is a ward of the state and a specific person does not have legal custody of the child, the home school district is the district that the child last attended or, if the child has not previously attended a public school in this state, the school district within which the child currently resides. Reference: ARS 15-761(10)

NOTE: Pursuant to ARS 15-1182, this voucher application can only be approved for a period of 60 calendar days. Prior to expiration of the 60 calendar days, the Home School District must submit a Home School District Application for Education Voucher Funding or an Application for Extension of Voucher Funding to the Arizona Department of Education / Exceptional Child Services.

FOR ARIZONA DEPARTMENT OF EDUCATION USE ONLY

____ APPROVED: Dates: ____/____/____ to ____/____/____ VOUCHER NUMBER: _____

Category: NSE CSE Primary Disability: A EDP SLD MIMR MOMR VI HI OHI Other ____

____ NOT APPROVED: Reason: _____

Arizona Department of Education Representative

Date : ____/____/____

CHECKLIST FOR COMPLETING A SPA APPLICATION

FOR A CHILD ATTENDING A PRIVATE RESIDENTIAL FACILITY EDUCATION PROGRAM, THE STATE PLACING AGENCY SHALL SUBMIT THE FOLLOWING INFORMATION TO THE ARIZONA DEPARTMENT OF EDUCATION:

★ A *State Placing Agency Application for Education Voucher Funding* form. The application form must indicate:

- The name of the child
- The child's birth date
- The name of the residential facility
- The date of entry
- The name of the State Placing Agency
- The SPA contact person, and phone number
- The signature of the State Placing Representative
- The name of the child's Home School District
- The signature of the Home School District Representative

Home school district means the school district in which the person who has legal custody of the child resides, as provided in ARS 15-824(B) *OR*, if the child's last school was a charter school, the charter school. If the child is a ward of the State, the Home School District is the last district the child attended. If the child has not previously attended a public school in this State, the Home School District is the public school district within which the child currently resides. [See ARS 15-761(10), 15-763(A), R7-2-401(B5b)(G2)]

NOTE: PURSUANT TO ARS 15-1182, STATE PLACING AGENCY EDUCATION VOUCHERS CAN ONLY BE APPROVED FOR A PERIOD OF TIME NOT TO EXCEED 60 CALENDAR DAYS. PRIOR TO THE EXPIRATION OF 60 CALENDAR DAYS, THE HOME SCHOOL DISTRICT MUST SUBMIT A "HOME SCHOOL DISTRICT APPLICATION FOR EDUCATION VOUCHER FUNDING" PACKET TO THE ARIZONA DEPARTMENT OF EDUCATION EXCEPTIONAL CHILD SERVICES.